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Response to the comment on “**Abdominoplasty in massive weight loss patient: modifying the technique to improve the safety**”

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We thank Dr. Gentileschi and colleagues for commenting our article; *Complications after lower body contouring surgery due to massive weight loss unaffected by weight loss method*¹ and interest in our work.

We agree with Dr. Gentileschi et al.² that especially in massive weight loss (MWL) patients the number of complications is related to body contouring technique used. Our study presented single centre experience on MWL lower body contouring surgery. In our centre, we have used technique with limited upper flap - above umbilicus – lateral undermining to tunnel in the apex and raising the flap on the muscle fascia plane. Below the umbilicus, Scarpa’s fascia is usually preserved in some 5-10 cm above the incision. As Gentilechi et al. point out, it is unclear why the preservation of Scarpa’s fascia seem to reduce the number of certain complications or does preserving technique not provide any additional benefit, as our study showed¹.

Regarding biliopancreatic diversion, we confirm that none of the patients in our series had this operation. We included all MWL patients operated in our department during the time frame described in our article with no exclusion based on bariatric surgery technique. To best of our knowledge the biliopancreatic diversion operation is usually reserved for second line operation for morbid obesity in Finland. Finnish national study during 2009 – 2013 among 3918 patients who undergone surgery for morbid obesity, only 2.6% had biliopancreatic diversion with or without duodenal switch³. Therefore, we have no expertise on commenting whether the good results in our study were due to absence of biliopancreatic diversion and rely on the data presented by Tambasco et al.⁴.

When designing and drafting our article we obviously oriented to most of the previous articles. We found, that systematic grading of post-operative complications was seldom used. Based on our experience, we suggest that grading systems such as Clavien-Dindo, should be used in future studies. Systemic grading makes the comparison of results objective and ensues fruitful academic discussion.

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